

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

DEC 1 1938

1. PLACE OF DEATH

58 County Knox Registration District No. 10-5-6
Township Colony Primary Registration District No. 5-5-97
City (No. St. Ward)

File No. 39577

Registered No. _____

2. FULL NAME

Georgie Simpson

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 10 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Charles Simpson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 - 1873

7. AGE YEARS 65 MONTHS 10 DAYS 4 If LESS than 1 day, _____hra. or _____min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Colony Mo

13. NAME David William Menweth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Ky. 1

15. MAIDEN NAME Sarah Ann Bauer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Colony Mo

17. INFORMANT Charles Simpson (ADDRESS) Colony Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE La Belle Mo DATE Nov 22 1938

19. UNDERTAKER Seeger & Walter (ADDRESS) Knox City Mo

20. FILED Nov. 25 1938 Ella Shaughnessy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

No medical attend and
bad of heart disease

Other contributory causes of importance: 95%

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) J R Prothauer, M. D.

(Address) Knox City Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

District Health Officer No. 10

District File Number 10-38-456

Date Filed 12-15-98